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|--|-------------------------|-------------------|---|----------------------------------|
| <b>Preventive Service</b>                                | es                      |                   |   |                                  |
|  | Is the service Covered? | Frequency         | List any service - specific limitations   |                                  |
| Cleanings  | Yes                     | 2 x year          |   |                                  |
| Fluoride treatments (including fluoride varnishes)       | Yes                     | 2 x year          | First visit recommended by age 1.   |                                  |
| Sealants (list any tooth-specific limits)                | Yes                     | 1 x every 5 years | Excludes primary teeth and third molars.<br>Must be placed on occlusal surfaces (tops) teeth, for enrollees under age 21. |                                  |
| Space maintainers  | Yes                     | 1 x lifetime      | Covered for enrollees under age 21. No replacement if lost.   |                                  |
| <b>Diagnostic Service</b>                                | es                      |                   |   |                                  |
|  | Is the service Covered? | Frequency         | List any service - specific limitations   | Recommended age of first visit ? |
| Oral health screening or assessment                      | No                      |                   |   |                                  |
| Dental examinations                                      | Yes                     | 2 x year          |   | 1                                |
| Assessment of risk for tooth decay                       | No                      |                   |   |                                  |
| X-Rays   |                         | 1                 |   | 1                                |
| Bitewing   | Yes                     | 1 x year          |   |                                  |
| Full Mouth   | Yes                     | 1 x every 4 years |   |                                  |
| Panoramic  | Yes                     | 1 x every 4 years |   |                                  |
| <b>Treatment Service</b>                                 | s                       |                   |   |                                  |
|  | Is the service Covered? | Frequency         | List any service - specific limitations   | Criteria for coverage            |
| Anti-microbial treatments that stop decay from spreading | No                      |                   |   |                                  |
| Fillings   |                         |                   | -   |                                  |
| Silver amalgam   | Yes                     |                   |   |                                  |
| Tooth colored composite                                  | Yes                     |                   | Covered for enrollees under 21 years  |                                  |
| Crowns/tooth caps  |                         |                   |   |                                  |
| Stainless steel crowns                                   | Yes                     |                   | For primary posterior (back) teeth  |                                  |
| Metal (only) crowns                                      | Yes                     |                   | Covered for enrollees under 21 years  |                                  |
| Metal/porcelain crowns                                   | Yes                     |                   | Covered for enrollees under 21 years  |                                  |
| Porcelain (only) crowns                                  | Yes                     |                   | Covered for enrollees under 21 years  |                                  |
| Root Canals (endodor                                     | ntics)                  |                   |   |                                  |
| Root canals on baby teeth (pulpotomies)                  | Yes                     |                   | Once per primary tooth per enrollee lifetime  |                                  |
| Root canals on permanent teeth                           | Yes                     |                   | Covered for enrollees under 21 years  |                                  |
| Gum (periodontal)<br>therapy                             | Yes                     |                   | For a complete list of service limitations, please go to www.eohhs.ri.gov to locate Dental Provider Manual                |                                  |

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|                            | Is the service                      | Frequency | List any service -  | Criteria for coverage  |
|----------------------------|-------------------------------------|-----------|---|--|
|                            | Covered?                            |           | specific limitations  |  |
| Dentures                   |                                     |           |   | T  |
| Partial dentures           | Yes                                 |           | Once per enrollee every 5 years   |  |
| Complete dentures          | Yes                                 |           | Once per enrollee every 5 years   |  |
| Bridges                    | Yes                                 |           | Covered for anterior permanent teeth only. Enrollees must be under 21 years of age.   |  |
| Orthodontics*              |                                     |           |   |  |
| Retainers<br>(orthodontic) | Yes - only with prior authorization |           | Treatment must be started while enrollees are under age 21.   |  |
| Braces                     | Yes - only with prior authorization |           | Treatment must be started while enrollees are under age 21.   | The HLD Index<br>(Handicapping Labio-<br>lingual Deviation) is<br>applied to each case<br>to determine medical<br>necessity. A score of<br>26 is needed for case<br>approval/payment by<br>the State. For more<br>specific guidance,<br>please visit:<br>www.eohhs.ri.gov to<br>locate Dental Provider<br>Manual |
| Oral surgery               | 1                                   |           |   |  |
| Simple extractions         | Yes                                 |           | Once per tooth per<br>enrollee. Includes<br>local anesthesia,<br>suturing, if needed,<br>and routine<br>postoperative care                                      |  |
| Surgical extractions       | Yes                                 |           | Once per tooth per<br>enrollee. Includes<br>local anesthesia,<br>suturing, if needed,<br>and routine<br>postoperative care                                      |  |
| Care of abscesses          | Yes                                 |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |  |
| Cleft palate treatment     | Yes                                 |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |  |

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| <b>Treatment Service</b>                      | Treatment Services         |           |   |                       |  |  |  |
|---|----------------------------|-----------|---|-----------------------|--|--|--|
|   | Is the service<br>Covered? | Frequency | List any service - specific limitations   | Criteria for coverage |  |  |  |
| Cancer treatment                              | Yes                        |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |                       |  |  |  |
| Treatment of fractures                        | Yes                        |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |                       |  |  |  |
| Biopsies                                      | Yes                        |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |                       |  |  |  |
| Treatment of jaw joint problems (TMJ)         | Yes                        |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |                       |  |  |  |
| Emergency room services provided by a dentist | Yes                        |           | Service is covered on<br>the medical side<br>either through the<br>traditional FFS<br>delivery system or<br>through one of the<br>managed care health<br>plans. |                       |  |  |  |
| Inpatient Hospital<br>Services                | Yes                        |           | Covered for enrollees under age 21.   |                       |  |  |  |
| Anesthesia                                    |                            |           |   |                       |  |  |  |
| General anesthesia                            | Yes                        |           | Covered for enrollees under age 21.   |                       |  |  |  |
| Intravenous conscious sedation                | Yes                        |           |   |                       |  |  |  |
| Non-intravenous conscious sedation            | No                         |           |   |                       |  |  |  |
| Analgesia (nitrous oxide)                     | Yes                        |           | Covered for enrollees under age 21.   |                       |  |  |  |

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the

case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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